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## Application Number Filing Date 10 772,089 2.5-04 MULTIPLE DEPENDENT CLAIM . **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) 3/24/07 \* May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** indep Indep Depend Depend Indep Depend Indep Depend Indep Depend Indep Depend नंद Total Total Indep Indep Total Depend Depend Total Total Claims

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